



Abilene Police Department

P.O. Box 174, 450 Pecan
Abilene, Texas 79602

AUTHORITY FOR RELEASE OF INFORMATION

		<u>Sex</u>	<u>Race</u>	Date of Birth Month Day Year / /
Last Name	First Name	Middle Name	Social Security Number	

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to **ANY** duly authorized agent of the Abilene Police Department, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also records of commercial or retail credit agencies (including credit reports and/or ratings), public utility companies; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records or complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and /or traffic and to include the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case in which I presently have, or have had an interest.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Abilene Police Department to consider in determining my suitability for employment by that department. It is my specific intent to provide access to personal information, regardless of how personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Abilene Police Department. I understand that all materials pertaining to this background investigation become the property of the Abilene Police Department, and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. I further agree to indemnify and hold harmless, the City of Abilene and it's Police Department from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of any information which the City of Abilene receives which may make me ineligible to be a member of the Abilene Police Department.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

SIGNATURE		
STREET ADDRESS		
CITY	STATE	ZIP CODE

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Subscribed and sworn before me this _____ day of
_____ 20____

My commission expires _____ 20____

Notary _____